U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

|01|/|01|/|04| Through: |12|/|31|/|04|

4. Name, file number, and address of labor organization.

Name Stephen D Speagle	Name Brotherhood of Loce motive Engineers & Trainmont						
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Megganine						
Street 6443 F Cypress CT.	Street 1370 Ontanio St.						
City Decatur	City Cleveland						
State Illinois ZIP Code + 4 62521	State 04:0 ZIP Code + 4 44113 - 1702						
5. Position in labor organization. National Vice Aresident							
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	7.b. Amount.						
City							
State ZIP Code + 4							
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Styphen Seergh	On 4 44 11,2005 217 - 864 - 2633 Date Telephone Number						

Name of Person Filing Stephen Speagle	File Number U-			
B: Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City :				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Jerome Schlicter Baganta Denten	Upril - meal - one 25 July - meal - org 425			
Trade Name, if any:	July - Meal - my 23			
P.O. Box, Bldg., Room No., if any 54/7c 187				
Street 2661 N. Illinois				
City Swansea				
State 11 ZIP Code + 4 62226				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

B. Held an interest in or denived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

(michaling trade name, ir any)

Name Rott manu a O'Brien

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1031 Lami St

City St- Louis

State MO

ZIP Code +4 63/04/

13.b. Is the Business an Employer or Consultant

(2)

14.b. Amount of payment.

7

Opril - 9 holes golf-over 25

11 meal over 25

July - meal - over 25

11 - 18 holes golf-over 25

	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
	8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer				
	State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
L		12.b. Amount.				
ſ	C. Received from any employer (other than an employer covered under parts A and B above)					
L	or from any labor relations consultant to an employer any payment of money	or other thing of value.				
		14 n. Niebyro of novement				

The state of the s				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Bryan Cartall Firm	14.a. Nature of payment. Meal - over 25			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Sulte 350				
Street 7551 Colloghan Rd				
City San Antonio				
State texas ZIP Code +4 78229				
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.			

Name of Person Filling Stephen Speagle		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with: a. Labor Organization b. Trust c. Employer			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	e of such dealing.		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	40 L Amount			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	#		
Name Yauger, Jungbauer, Borczoka &	meal -	over 25		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 745 Kasota Ave.				
city Minucapoli's				
State MN ZIP Code + 4 554141				
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	<u> </u>		